

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

WOMEN VOTE!

ADDRESS (number and street)

1800 M Street, NW

Ste 375N

☐ Check if different
than previously
reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00473918

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
03 01 2014

through

M M M / D D D / Y Y Y Y Y Y
03 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Caroline Fines

Signature of Treasurer

Caroline Fines

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 20 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

WOMEN VOTE!

Report Covering the Period: From: M M / D D / Y Y Y Y 03 / 01 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y 2014		393008.56
(b) Cash on Hand at Beginning of Reporting Period.....	494798.26	
(c) Total Receipts (from Line 19)	88568.00	535367.61
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	583366.26	928376.17
7. Total Disbursements (from Line 31)	120614.81	465624.72
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	462751.45	462751.45
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

WOMEN VOTE!

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
03		01		2014

To:

M M	/	D D	/	Y Y Y Y
03		31		2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

35950.00

257250.00

(ii) Unitemized

2618.00

78117.61

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

38568.00

335367.61

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

50000.00

200000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

88568.00

535367.61

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

88568.00

535367.61

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

88568.00

535367.61

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	44297.41	237750.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	44297.41	237750.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	76317.40	177874.60
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	50000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	120614.81	465624.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	120614.81	465624.72

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	88568.00	535367.61
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	88568.00	535367.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	44297.41	237750.12
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	44297.41	237750.12

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WOMEN VOTE!

Full Name (Last, First, Middle Initial)

A. Ron Gurewitz

Mailing Address 124 E. Blithedale Ave.

City State Zip Code
 Mill Valley CA 94941

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

REQUESTED

REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 03 / 18 / 2014

Transaction ID : 3924670

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Cindy Harrell-Horn

Mailing Address 401 Saint Cloud Road

City State Zip Code
 Bel Air CA 90077

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

REQUESTED

REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : 3936076

Amount of Each Receipt this Period

25000.00

Full Name (Last, First, Middle Initial)

C. Henry Lord

Mailing Address 313 Audubon Ct

City State Zip Code
 New Haven CT 06510

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

N/A

Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 03 / 11 / 2014

Transaction ID : 3910131

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN VOTE!

Full Name (Last, First, Middle Initial)

A. Nancy Schimmel

Mailing Address PO Box 2067

City State Zip Code
 Berkeley CA 94702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Songwriter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 02 / 2014

Transaction ID : 3901463

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mary Swig

Mailing Address 1834 California St

City State Zip Code
 San Francisco CA 94109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Mary Green Enterprises

CEO/Designer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / 12 / 2014

Transaction ID : 3912483

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. MGB Development LLC

Mailing Address PO Box 15748

City State Zip Code
 Washington DC 20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 18 / 2014

Transaction ID : 3923491

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN VOTE!

Full Name (Last, First, Middle Initial)

A. Kalik and Associates Inc

Mailing Address 10291 Arizona Circle

City

Bethesda

State

MD

Zip Code

20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : 3945022

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

35950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN VOTE!

Full Name (Last, First, Middle Initial)

A. AAJ PAC

Mailing Address 777 6th Street NW

City
Washington

State Zip Code
DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2014

Transaction ID : 3926698

Amount of Each Receipt this Period

50000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50000.00

50000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

WOMEN VOTE!

A. First Data Merchant Services

Date of Disbursement

Transaction ID : SB21B-425

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

4505.89

B. Authorize.net

Date of Disbursement

03 / 04 / 2014

Transaction ID : SB21B-426

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

282.05

C. The Feldman Group Inc.

Date of Disbursement

Transaction ID : SB21B-414

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

16200.00

20987.94

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

WOMEN VOTE!

A. MB Political Research

Category/
Type

5000.00

State: District:

B. MB Political Research

Category/
Type

5000.00

State: District:

C. Campaign Team, Inc. c/o Anna Lidman

Category/
Type

Age Group	Number of People
0-10	10000.00
10-20	8000.00
20-30	6000.00
30-40	4000.00
40-50	2000.00
50-60	1000.00
60-70	500.00
70-80	200.00
80-90	100.00
90-100	50.00

State: District:

20000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

WOMEN VOTE!

1687.07

MM / DD / YYYY

260.32

M M / D D / Y Y Y Y
03 27 2014

978.82

2926.21

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 14 OF 17

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
WOMEN VOTE!

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mission ControlNature of Debt (Purpose):
FL-13 Mailhouse

Mailing Address 114A Mansfield Hollow Rd.

City State

Zip Code

Mansfield Center

CT

06250

Outstanding Balance Beginning This Period

54921.32

Transaction ID : SD-1252

Amount Incurred This Period

0.00

Payment This Period

54921.32

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

0.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 15 OF 17
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!		FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Mission Control		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 03 / 2014	
Mailing Address 114 A Mansfield Hollow Rd		Amount 15263.81	
City Mansfield Center	State CT	Zip Code 06250	Transaction ID : SE-6206
Purpose of Expenditure Mailhouse		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 06 / 2014
Name of Federal Candidate David Jolly		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		156478.52	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Sp-Gen
Full Name of Payee Mission Control		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 15 / 2014	
Mailing Address 114 A Mansfield Hollow Rd		Amount 15263.81	
City Mansfield Center	State CT	Zip Code 06250	Transaction ID : SE-6207
Purpose of Expenditure Mailhouse		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 06 / 2014
Name of Federal Candidate David Jolly		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		156478.52	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Sp-Gen
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		30527.62	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Caroline Fines		Date MM / DD / YYYY 03 / 20 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 16 OF 17
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!		FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Mission Control		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 18 / 2014	
Mailing Address 114 A Mansfield Hollow Rd		Amount 15263.81	
City Mansfield Center	State CT	Zip Code 06250	Transaction ID : SE-6208
Purpose of Expenditure Mailhouse	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 06 / 2014	
Name of Federal Candidate David Jolly		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate Office Sought: <input checked="" type="checkbox"/> House District: 13 State: FL	
Calendar Year-To-Date Per Election for Office Sought 156478.52		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Sp-Gen	
Full Name of Payee Mission Control		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 24 / 2014	
Mailing Address 114 A Mansfield Hollow Rd		Amount 9129.89	
City Mansfield Center	State CT	Zip Code 06250	Transaction ID : SE-6211
Purpose of Expenditure Mailhouse	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 06 / 2014	
Name of Federal Candidate David Jolly		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate Office Sought: <input checked="" type="checkbox"/> House District: 13 State: FL	
Calendar Year-To-Date Per Election for Office Sought 156478.52		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Sp-Gen	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		24393.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Caroline Fines</i>		Date MM / DD / YYYY 03 / 20 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 17 OF 17
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!		FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	

Full Name of Payee Mission Control		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 03 / 2014	
Mailing Address 114 A Mansfield Hollow Rd		Amount 10698.04	
City Mansfield Center	State CT	Zip Code 06250	Transaction ID : SE-6209
Purpose of Expenditure Mailhouse	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 06 / 2014	
Name of Federal Candidate David Jolly		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Sp-Gen	

Full Name of Payee Mission Control		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 05 / 2014	
Mailing Address 114 A Mansfield Hollow Rd		Amount 10698.04	
City Mansfield Center	State CT	Zip Code 06250	Transaction ID : SE-6210
Purpose of Expenditure Mailhouse	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 06 / 2014	
Name of Federal Candidate David Jolly		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Sp-Gen	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	21396.08
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	76317.40

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

[Electronically Filed]

Date

 MM / DD / YYYY
 03 / 03 / 2014

Signature